

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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Trevor Forrest 349-20-02023

Kwaine Thompson 349-19-01450

Write the full name of each plaintiff.

No.

(To be filled out by Clerk's Office)

-against-

DEPARTMENT OF CORRECTION , G.R.V.C

WARDEN RENEE, CAPTAIN CARTER , CITY OF NEWYORK

COMPLAINT
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

TREVOR FORREST 349-20-02023

First Name	Middle Initial	Last Name
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KWAINE THOMPSON	349-19-01450	
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State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (If you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

G.R.V.C/ 09-09 HAZEN STREET, EAST ELMHURST, NEWYORK, 11370

Current Place of Detention

09-09 HAZEN STREET

Institutional Address

EAST ELMHURST	NEWYORK	11370
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County, City	State	Zip Code
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III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

WARDEN	RENEE	
First Name	Last Name	Shield #
WARDEN		
Current Job Title (or other identifying information)		
09-09 HAZEN STREET		
Current Work Address		
EAST ELMHURST,	NEWYORK,	11370
County, City	State	Zip Code

Defendant 2:

	CARTER	
First Name	Last Name	Shield #
CAPTAIN		
Current Job Title (or other identifying information)		
09-09 HAZEN STREET		
Current Work Address		
EAST ELMHURST	NEWYORK	11370
County, City	State	Zip Code

Defendant 3:

CITY OF NEW YORK		
First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

COMMISSIONER OF THE DEPT. OF CORRECTIONS		
First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: G.R.V.C 09-09 HAZEN STREET, E, ELMHURST, NY, 11370

Date(s) of occurrence: JANUARY 2021 THRU NOVEMBER 2021

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ME TREVOR FOREST AND KWAIN THOMPSON ARE BOTH MUSLIM WE WERE TOLD THAT WE CAN'T PRACTICE OUR BELIEF BY WARDEN RENEE AND CATAIN CARTER SINCE WE OUR COURT ORDER LOCKDOWN STATUS PREVENTS THE IMAN FROM VISITING OUR HOUSING AREA, AND WE WERE TOLD THAT HE WON'T BE ESCORTED BECAUSE THEY DON'T HAVE THE MANPOWER TO BRING HIM TO US. AND OUR COURT ORDER STATUS DOES NOT ALLOW US TO HAVE THE IMAN TO COME VISIT US, AND WE CAN'T GO TO THE MASJID. THIS IS A DIRECT ASSULT ON OUR CONSTITUTIONAL RIGTHS. WE ARE HARM MENATALLY EMOITIONALLY BECAUSE WE CAN'T CONSULT WITH OUR SPIRITUAL ADVISOR. MR. THOMPSON HAS EVEN SEEN HIS WEIGHT DRASTICALL DROPPED AND MEDS INCREASE OVER NOT BEING ABLE TO PRAY AND HAVE THE IMAN VISIT HIM TO INSTRUCT HIM ON HOW TO GROW IN THE NATION OF OUR RELIGIOUS BELIEFS. I FEEL LIKE THE POLICY THAT THEY ESTABLIH ON ME AND MR. THOMPSON IS NOT BEING IMOPLEMENTED ON THE REST OF THE MUSLIM COMMUNITY INSIDE THIS JAIL. I ATTACH TO THIS COMPLAINT MY MEDICAL RECORDS AND MY ~~XXXXXX~~ COURT ORDER ~~XXX~~ FROM ME AND MR. THOMPSON. ALSO I INCLUDE THAT FOR THE MONTH OF NOVEMBER THAT THE DEPARTMENT OF CORRECTIONS HAS NOT AFFORDED MR. THOMPSON HIS ONE HOUR RECREATION IN THE YARD. MR THOMPSON IS ORDER BY THE COURT TO BE LOCKED IN HIS CELL 23/HOURTS OUT THE DAY, THE ONLY HOUR~~XX~~ HE'S AFFORDED IS TAKEN AWAY. THAT IS CRUEL&UNUSUAL PUNISHMENT AT IT'S BEST. ON FRIDAY WE ARE NOT ALLOWED TO ATTEND JUMUA SERVICES. A DAY THAT'S SACRED TO THE MUSLIM RELIGON. IT'S MANDATORY TO PRAY IN THE MASJID AND NOT TRHE CELL ON FRIDAY.

ALSO ME AND MR. THOMPSON IS NOT EVEN ALLOWED TO GO TO THE CLINIC WE
 WHEN WE ARE SICK TO BE OFFICIALLY EXAMINE. THE DOCTORS TALK TO US AT OUR
 CELL DOORS, BREAKING THE HIPPA LAWS BY NOT BEING CONFIDENTIAL IF ANOTHER
 INMATE CAN HEAR FROM HIS CELL EXACTLY WHAT I'M DISCUSSING PRIVATELY
 WITH THE DOCTOR. ALSO THE MENTAL HEALTH PERSONELL CAN'T BRING US TO THE
 CLINIC SO WE CAN TALK PERSONALLY ABOUT WHAT'S AILING US. THIS HAS CAUSE
 ME AND MR. THOMPSON GREAT STRESS AND ANXIETY, WE HAVE BOTH TALKED ABOUT
 ENDING OUR LIVES AND LEAVE IT IN ALLAH HANDS. IT'S A DAILY STRUGGLE FOR
 ME AND MR. THOMPSON NOT TO END OUR LIVES FROM THE ONGOING ABUSE FROM D.O.C

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I TREVOR FORREST AND MR. KWAIN THOMPSON HAS BOTH EXPERIENCING SUICIDAL
 THOUGHTS, EVEN HOMICIDAL THOUGHTS, HIGH ANXIETY, DEEP DEPRESSION OF
 GUILT & SHAME OF EVEN BEING MUSLIM IN AMERICA. WE REQUEST DAILY MENTAL
 HEALTH CHECK-UPS TO NO AVAIL. MR THOMPSON HAS P.T.S.D AND HE IS STARTING
 TO HALLUCINATE MORE AND MORE EACH DAY. I DON'T THOMPSON WILL MAKE IT OUT
 OF THIS ORDEAL SINCE WE ARE ON COURT ORDER LOCKDOWN.

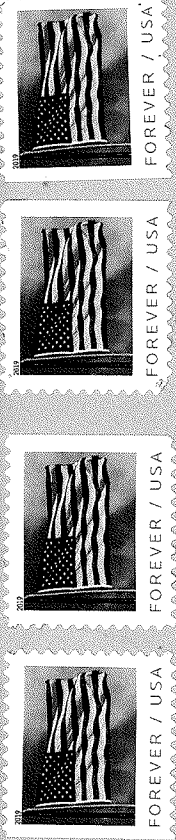
VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I ASK THIS COURT TO PROVIDE 2 MILLION U.S DOLLARS EACH TO ME AND MR.
 THOMPSON CLAIMS ARE SUBSTANTIATED THROGH D.O.C RECORDS AND LOGS BOOKS

Kwaine Thompson
349-19-01450
G.R.V.C.
09-09 Hazen St
Elmhurst, NY 11370

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United States District
Courts

Southern District of New York

500 Pearl Street

NEW YORK, NY 10007

Pro-se Intake unit

SDNY
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